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Date: 7/10/2006

Pages: 5 (INCLUDING COVER)

To: Examiner SLITERIS, JOSELYNN Y

From: David G. Posz

Company: U.S. Patent Office, Art Unit 3616

Fax No.: 571-273-8300

Subject: Response to Election of Species mailed on May 9, 2006;  
U.S. Application Serial No. 10/784,200.

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I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on July 10, 2006 to the attention of Examiner SLITERIS of AU 3616.

Typed Name: DAVID G. POSZ

Signature: 

Applicant(s): SHIMIZU

Atty. Dkt.: 15-047

Serial No.: 10/784,200

Group Art Unit: 3616

Filed: February 24, 2004

Examiner: SLITERIS, JOSELYNN Y

Title: PASSENGER PROTECTING SYSTEM FOR  
AUTOMOTIVE VEHICLE HAVING  
SAFEGUARD DETECTING SYSTEM

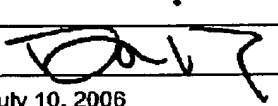
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/784,200
	Filing Date	February 24, 2004
	First Named Inventor	SHIMIZU
	Group Art Unit	3616
	Examiner Name	SLITERIS, JOSELYNN Y
	Attorney Docket Number	15-047

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;">         Response to Restriction / Election Requirement mailed 5/9/2006       </div>
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Firm or Individual name	Posz Law Group, PLC	
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Date	July 10, 2006	


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Effective on 12/8/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/784,200</b> Filing Date <b>February 24, 2004</b> First Named Inventor <b>SHIMIZU</b> Examiner Name <b>SLITERIS, JOSELYNN Y</b> Art Unit <b>3816</b> Attorney Docket No. <b>15-047</b>	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>120</b>			

<b>METHOD OF PAYMENT</b> (check all that apply)	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b> <b>Small Entity</b>		<b>SEARCH FEES</b> <b>Small Entity</b>		<b>EXAMINATION FEES</b> <b>Small Entity</b>		<b>Fees Paid (\$)</b>
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							<b>Small Entity</b> <b>Fee (\$)</b> <b>Fee (\$)</b>
<b>2. EXCESS CLAIM FEES</b> <b>Fee Description</b>							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50   25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200   100
Multiple dependent claims							360   180
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
- 20 or HP = 0		x		\$50		= \$0	
HP = highest number of total claims paid for, if greater than 20							
<b>Indep. Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
- 3 or HP = 0		x		\$200		= \$0	
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<b>4. OTHER FEE(S)</b> Non-English Specification, \$130 fee (no small entity discount) Other: <b>One Month Extension of Time Fee</b>							
							<b>Fees Paid (\$)</b> <b>\$120</b>

<b>SUBMITTED BY</b>			
Signature 	Registration No. (Attorney/Agent) <b>37,701</b>	Telephone <b>(703) 707-9110</b>	
Name (Print/Type) <b>DAVID G. POSZ</b>	Date <b>July 10, 2006</b>		

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